	•			
STATE OF SOUTH CAROLINA	. )		BEFORE	
(Caption of Case)	)	P	UBLIC SERVICE	COMMISSION
Example: Application for a Class C Charter Certificate from	1 )		OF SOUTH CA	KODINA
John Doe dba Doe's Limo	)	TF	ANSPORTATION	COVER SHEET
Morrin Myers dba VIP Mauffein	)	<b>ከ</b> ሰር'	KET 5	201
11 VIP & Boutfeen	Service	NUM	$\frac{\text{KET}}{\text{BER}} = \frac{20/0}{2} = \frac{1}{2}$	301 - 1
aba VII	ý		Cat the Gline on angli	cation with the PSC, you will not
	)	Laura a Dank	at Mumber The Commissi	on will assign one to you. It you
	)	have filed wand should b	ith the Commission before entered above.	, a Docket Number was assigned
(Please type or print)		m.l.uha	842.	735-0785
Submitted by: Marvin Myor		Telephor	ie: <u>0 / v</u>	
Address: 204 gcho Avu		Fax:		
N Charleston, SL 291	105	Other:		·
		Email:		
NOTE: The cover sheet and information contained herein as required by law. This form is required for use by the P	neither replaces	nor supplen	nents the filing and servi	ce of pleadings or other papers purpose of docketing and must
as required by law. This form is required for use by the P be filled out completely.	ublic Service Co	Militission o		, .
NATURE O	F ACTION (	Check all	that apply)	
			☐ Request for Name	e Change on Certificate
Application - Class A/A Restricted				d Scope of Authority
Application - Class C Taxi	LCEL	VEID	-	d Tariff (rate increase, etc.)
Application - Class C Charter				
Application - Class Ç Charter Bus	AUG 31	2010		d Passenger Limit
Application - Class C Non-Emergency	PSC SC CLERK'S OF		Request Plux	espean
Application - Class C Stretcher Van			Exhibit	
Application - Class E Household Goods			Late-Filed Exhib	it
Application - Class E Hazardous Waste			Letter	
Application			Proposed Order	
Request for Extension to Comply with Order			Dublisher's Affic	lavit
Request for Order Granting Authority to Obtain	a Certificate		Reservation Lett	er
of Public Convenience and Necessity to be Resc	einded		Response	
Request for Cancellation of Certificate		2	Return to Petition	on
Request for Suspension			Other:	
Request for Reinstatement				
-	m and where	,		CION 4 902 906 5100
If you have any questions about this form, pleas	se contact the	PUBLIC S	SERVICE COMMIS	OJUN AL OUS-OFU-DIVU
Print Fo			set Form	•
ł i				

### PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA ·

### 101 Executive Center Drive, Suite 100 Columbia, South Carolina 29210

(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100

Fax: (803) 896-5199

# APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

		Da	ite:	8.25-10	
CLASS C - TAXI					
Application is hereby made of S.C. Code Ann., § 58-23	e for a Certificate of P 3-10, et seq. (1976), an	ublic Convenience and id amendments thereto.	Necessit	ty, in accordance with	the provision
1. Name under which busine  Mar M	ss is to be conducted (co	rporation, partnership, or	sole prop	orietorship, with or without	ut trade name.
2004 Ect	OU ALL SI	rporation, partnership, or  VIC Charaft  Charles to the last reet Address of Applicant	MA	56 29405	-
	Mailing Address of	f Applicant if different fro	om street	address	
· fcf3.725.0	Phone		<del> </del>	Fax	***
		Email Address			
2. If incorporated, a copy Secretary of State "Fore			(If inco	porated outside of SC,	attach SC
3. Select Entity Type: (Ch					
		Il person having an inte		he business.	
Corporation - List i	iames and addresses o	f two principal officers.	•		

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

### BALANCE SHEET

Balance at Time Application is Filed:				
	Aug		2010	
2, 2011,11	1.09	-		

Assets: 500.00 Cash Receivables Real Estate Buildings and Equipment (Net) Motor Vehicles (Net) 3000.00 Garage Equipment (Net) Machinery and Tools (Net) Supplies on Hand Prepaids and Other Assets 3500.0<u>0</u> Total Assets Liabilities and Equity: Accounts Payable Notes Payable Mortgages Payable **Equipment Obligations** Accrued Salaries and Wages Other Accrued Obligations Other Liabilities Total Liabilities Capital Stock Retained Earnings **Total Equity** Total Liabilities and Equity 3500,00

## PROPOSED RATES AND CHARGES FOR SERVICE

Maximum Proposed Rates and Charges for	r Service are as follow	vs:	,	
# 5,00 Taxi				To Anna Anna Anna Anna Anna Anna Anna Ann
Counties to be Served:				
Counties to be Served:				
•			ì	
		,		
- CD	shicle:			
Maximum Number of Passengers per Ve	MIAIAI			

## DESCRIPTION OF EQUIPMENT

MAKE	YEAR & MODEL	· VIN# ·	WEIGHT EMPTY	SEATING CAPACITY
Roycoly	V 1994 TOWNEUR	- ILNLM8/WTR	4673039	7
•		)		
		•		•

### INSURANCE QUOTE

his form <u>MUST BE COMPLETED AND SIGN</u>	<u>YED</u> by an <u>AUTHORIZED INSURANCE COMPANY REPRESENTATIVE</u>
The following insurance quote is for:	
Marvin Myers dba	Name of Motor Carrier
2014 & cho Ale.	
	Address of Motor Carrier
Amount of Premium:	Limits Quoted: (See Below)
Liability Insurance \$ 2960.00	Limits 75,000 CSC
The above quoted premium is for a term of	)2 months.
Minimum Limits - Intrastate Only:	
1-7 Passengers	\$ 25,000/50,000/25,000
8-15 Passengers	\$ 25,000/100,000/25,000
C1	P . 1.
STOP NIT 2	Vame of Insurance Company
	. ,
1245 colebration Blue	ne Office Address of Company
Hor	ne Office Address of Company
	nd Regulations relating to insurance requirements and the above quote ed. The insurance company making this quote is authorized by the o business in South Carolina.
8-25-10 Date	Acres, Rospon
Date	Authorized Insurance Company Representative's Signature

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested.

### Exhibit FWA

	MURVIN Myers ABU VIP Charafter Service
	Name of Applicant
1.	. Are there currently any outstanding judgments against the Applicant?  O Yes  No
	If Yes, indicate nature of judgement(s) against applicant.
2.	Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?
3.	Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

## Exhibit on Driver Qualifications

	1. Applicant understands that all drivers must be a minimum of 18 years of age.				
	<b>Ø</b>	Yes	C	) No	
2	be m	nintained in the Appl	DIM A	ertified copy of the driver's three (3) year driving record issued by the SC DMV of the state in which the driver is or has been domiciled for such period must s business office.	
	<b>Ø</b>	Yes	0	No	
3.	Appli must l	cant understands that be maintained in the	a cri Appli	minal history background check from the state where the driver currently lives cant's business office.	
	<b>(1)</b>	Yes	0	No .	
4.	their p	ant understands that ossession when oper fresidence of the dri	ating	rivers operating a vehicle under a Class C Taxi Certificate must have in a charter vehicle, a valid driver's license issued by the SC DMV or the current	
	<b>Ø</b>	Yes	0	No	
5.	State L	s to drivers who are	regist	ass C Taxi Certificate holders are prohibited from employing or leasing tered, or required to be registered, as sex offenders with the South Carolina or any national registry of sex offenders.	

#### PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA POST OFFICE DRAWER 11649 COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance thorewith.

thorewith.	
STATE OF SOUTH CAROLINA  COUNTY OF CAROLINA  COUNTY OF CAROLINA  COUNTY OF CAROLINA	Applicant's Signature
T, MANNE OF Applicant's Representative of Maryla My My VIP	Charleer Service
the Applicant for the Certificate of Public Convenience a affirm that all statements contained in the above applicati	and Necessity as set forth in the foregoing, swear or
	Signature of Applicant's Representative

This SWORN TO BEFORE ME

This C day of C 20/C

Commission Expires //(Cici = 33.

May 23,2013

8 of 9

Notary/Public